Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium	or rate level produced by rate revi	ision
effective 12/01/2010		

-	(1)	(2) Annual Premium	(3) Percent		
4	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private Passenger				
	Commercial				
2	Automobile Physical Damag				
_	Private Passenger		•		
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery	***************************************			
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril	*			
14.	Crop Hail	**************************************			
15.	Other Medical Malpractice	226,919	+ 0.1%		
	Life of Insurance				
•					
	Does filing only apply to certa	in territory (territories) or	rcertain		
	Classes? If so,				
	specify: not applicable				
	Deletate estate estate estate	U C - H C C			
	Brief description of filing. (If fi	ling follows rates of an a	advisory		
	Organization, specify organization): We are filing our IL Businessowners Exception Page -				
	organization): We are filing our IL Businessowners Exception Page - Medical Malpractice Supplemental 12-10				
	Medical Walpractice Supplemental 12-10				
	*Adjusted to reflect all prior rate changes.				
	**Change in Company's premium level which will result from application of new				
	-rates.				
	Pharmacists Mutual Insurance Company				
	Name of Company				
	Kenneth Andrews, Regional Vice President				
	Official – Title				

Serff # PHAR-126820179